M: 88959

MSR10 9 5 7 0 (NUMBER TO BE ASSIGNED BY STATE)

APPLICANT IS THE:	OWNER	PRIME CONTRACTOR	DECEIVE
	OWNER CO	ONTACT INFORMATION	U. The second se
OWNER CONTACT PERSON	Jawb F.	or tenberry	MAY 2 8 2025
OWNER COMPANY LEGAL	NAME: Forten	berry Family Fams	110
OWNER STREET OR P.O. BO	x: 614 Ne	where rd	MDEQ
OWNER CITY: FOXW	wth	STATE:	ZIP: 39483
OWNER PHONE #: (<u>60 /</u>)_	140 1613	OWNER EMAIL: Jacob for	tenbers 15 a Yahoving
IF NOI WAS PREPARED BY SO		CONTACT INFORMATION	
CONTACT PERSON: Jaco			
	5 POM COISCO		
COMPANY LEGAL NAME: STREET OR P.O. BOX:	u Was Hope	al	
		STATE: On 5	71D. 29483
PHONE # (Got) 740-1617		EMAIL:	
PRIME CONTRACTOR CO	ONTACT INFOR	RMATION	
PRIME CONTRACTOR CONT		0	
PRIME CONTRACTOR COM		^	
PRIME CONTRACTOR STRE	ET OR P.O. BOX: _	188 Fddie Valke	, rl
PRIME CONTRACTOR CITY	: moselle	STATE:	ZIP: 39459
		7/18PRIME CONTRACTOR EMA	
	FACILITY	Y SITE INFORMATION	
FACILITY SITE NAME: For	Henberry Fam	rily Farms Farm #	2
		s not available, please indicate the nea nties the project traverses.)	rest named road. For linear projects
STREET: 576 N.	STATE: M	S COUNTY: Mari	ZIP: 39483
FACILITY SITE TRIBAL LAN	ND ID (N/A If not app	plicable):	
LATITUDE: 31 degrees 6	minutes 43.07 second	ls LONGITUDE: <u>84</u> degrees <u>5</u>	minutes 49, 1Seconds
LAT & LONG DATA SOURCE	E (GPS (Please GPS Projec	ct Entrance/Start Point) or Map Interpolation):
TOTAL ACREAGE THAT WI	LL BE DISTURBED	1: 7,6	

					
IS THIS PART OF A LARGER COMMON PLAN OF DEVELOPMENT?	YES	NO			
IF YES, NAME OF LARGER COMMON PLAN OF DEVELOPMENT: AND PERMIT COVERAGE NUMBER: MSR10					
ESTIMATED CONSTRUCTION PROJECT START DATE:	2025 0 7 20 YYYY-MM-DD				
ESTIMATED CONSTRUCTION PROJECT END DATE:	2025 10 20 YYYY-MM-DD				
DESCRIPTION OF CONSTRUCTION ACTIVITY: Build Pads Cut dies	tehos				
PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION HAS BEEN COMPLETED:					
					
SIC Code: NAICS Code					
NEAREST NAMED RECEIVING STREAM: Harriane Creek					
IS RECEIVING STREAM ON MISSISSIPPI'S 303(d) LIST OF IMPAIRED WATER BODIES? (The 303(d) list of impaired waters and TMDL stream segments may be found on Mhttp://www.deq.state.ms.us/MDEQ.nsf/page/TWB_Total_Maximum_Daily_Load_Section)	YES IDEQ's web site:	NC			
HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STREAM SEGMENT?	YES	NC			
FOR WHICH POLLUTANT:					
ARE THERE RECREATIONAL STREAMS, PRIVATE/PUBLIC PONDS OR LAKES WITHIN ½ MILE DOWNSTREAM OF PROJECT BOUNDRY THAT MAY BE IMPACTED ACTIVITY?	YES BY THE CONSTI	NO			
EXISTING DATA DESCRIBING THE SOIL (for linear projects please describe in SWPPP):					
WILL FLOCCULANTS BE USED TO TREAT TURBIDITY IN STORM WATER?	YES	NO			
IF YES, INDICATE THE TYPE OF FLOCCULANT. ANIONIC POLYACRYL OTHER OTHER	IMIDE (PAM)				
IF YES, DOES THE SWPPP DESCRIBE THE METHOD OF INTRODUCTION, THE LOCAND THE LOCATION OF WHERE FLOCCULATED MATERIAL WILL SETTLE?	ATION OF INTRO	DUCTION			
IS A SDS SHEET INCLUDED FOR THE FLOCCULATE?	YES	NC			
WILL THERE BE A 50 FT BUFFER BETWEEN THE PROJECT DISTURBANCE AND TH STATE?	E WATERS OF THE	IE N(
IF NOT, PROVIDE EQUIVALENT CONTROL MEASURES IN THE SWPPP.					

¹Acreage for subdivision development includes areas disturbed by construction of roads, utilities and drainage. Additionally, a housesite of at least 10,000 ft² per lot (entire lot, if smaller) shall be included in calculating acreage disturbed.

DOCUMENTATION OF COMPLIANCE WITH OTHER REGULATIONS/REQUIREMENTS COVERAGE UNDER THIS PERMIT WILL NOT BE GRANTED UNTIL ALL OTHER REQUIRED MDEQ PERMITS AND APPROVALS ARE SATISFACTORILY ADDRESSED

IS LCNOI FOR A FACILITY THAT WILL REQUIRE OTHER PERMITS?	YES NOW
IF YES, CHECK ALL THAT APPLY: AIR HAZARDOUS WASTE	PRETREATMENT
WATER STATE OPERATING INDIVIDUAL NPDES	OTHER:
IS THE PROJECT REROUTING, FILLING OR CROSSING A WATER CONVEYAN OF ANY KIND? (If yes, contact the U.S. Army Corps of Engineers' Regulatory Branch	CE YES NO () for permitting requirements.)
IF THE PROJECT REQUIRES A CORPS OF ENGINEER SECTION 404 PERMIT, PI DOCUMENTATION THAT:	ROVIDE APPROPRIATE
-The project has been approved by individual permit, or -The work will be covered by a nationwide permit and NO NOTIFICATION to the Corp -The work will be covered by a nationwide or general permit and NOTIFICATION to th	
IS THE PROJECT REROUTING, FILLING OR CROSSING A STATE WATER CON OF ANY KIND? (If yes, please provide an antidegradation report.)	VEYANCE YES NO V
IS A LAKE REQUIRING THE CONSTRUCTION OF A DAM BEING PROPOSED? (If yes, provide appropriate approval documentation from MDEQ Office of Land and W	YES NOVE
IF THE PROJECT IS A SUBDIVISION OR A COMMERCIAL DEVELOPMENT, HO BE DISPOSED? Check one of the following and attach the pertinent documents.	W WILL SANITARY SEWAGE
Existing Municipal or Commercial System. Please attach plans and specifications associated "Information Regarding Proposed Wastewater Projects" form or appropriate the plans and specifical of LCNOI submittal, MDEQ will accept written acknowledgement from official(s) collection and treatment that the flows generated from the proposed project can approperly. The letter must include the estimated flow.	oval from County Utility Authority in tions can not be provided at the time responsible for wastewater
Collection and Treatment System will be Constructed. Please attach a copy of the permit from MDEQ or indicate the date the application was submitted to MDEQ	
Individual Onsite Wastewater Disposal Systems for Subdivisions Less than 35 Lot of General Acceptance from the Mississippi State Department of Health or certific engineer that the platted lots should support individual onsite wastewater disposal	ation from a registered professional
Individual Onsite Wastewater Disposal Systems for Subdivisions Greater than 35 feasibility of installing a central sewage collection and treatment system must be mesponse from MDEQ concerning the feasibility study must be attached. If a central is not feasible, then please attach a copy of the Letter of General Acceptance from certification from a registered professional engineer that the platted lots should su disposal systems.	nade by MDEQ. A copy of the ral collection and wastewater system the State Department of Health or
INDICATE ANY LOCAL STORM WATER ORDINANCE (I.E. MS4)WITH WHICH T	THE PROJECT MUST COMPLY:
L	

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Applicant¹ (owner or prime contractor)

Date Signed

Printed Name!

C h Title

¹This application shall be signed as follows:

- For a corporation, by a responsible corporate officer.
- For a partnership, by a general partner.
- For a sole proprietorship, by the proprietor.

For a municipal, state or other public facility, by principal executive officer, mayor, or ranking elected official

Please submit the LCNOI form to:

Chief, Environmental Permits Division

MS Department of Environmental Quality, Office of Pollution Control

P.O. Box 2261

Jackson, Mississippi 39225

Electronically:

https://www.mdeq.ms.gov/construction-stormwater/

Revised 3/23/22